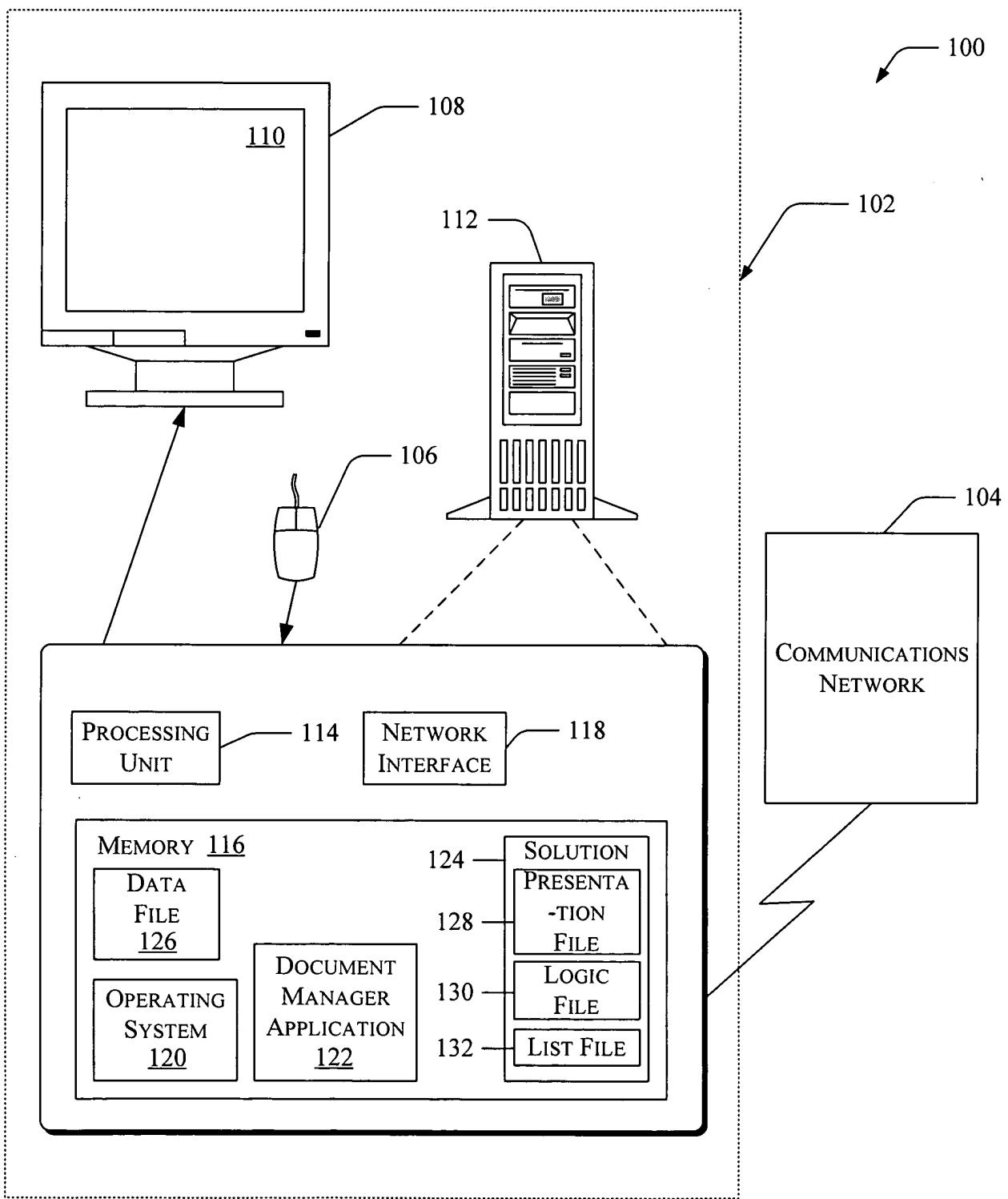


Fig. 1



BEST AVAILABLE COPY

200

202

204

Purchase Order

Reference Number:	Priority:	Date Ordered:
	Normal: <input checked="" type="checkbox"/>	<input type="button" value="..."/>
Charge To:	Date Required:	
	<input type="button" value="..."/>	

Submitted By:

Name:	Address Line 1:	
ID Number:	Address Line 2:	
E-mail Address:	City:	
Telephone Number:	State/Province:	Postal Code:
	Country/Region:	

Vendor Information

Company Name:	Address Line 1:	
E-mail Address:	Address Line 2:	
Telephone Number:	City:	
Fax Number:	State/Province:	Postal Code:
Web Site Address:	Country/Region:	

BEST AVAILABLE COPY

Fig. 2

Fig. 3

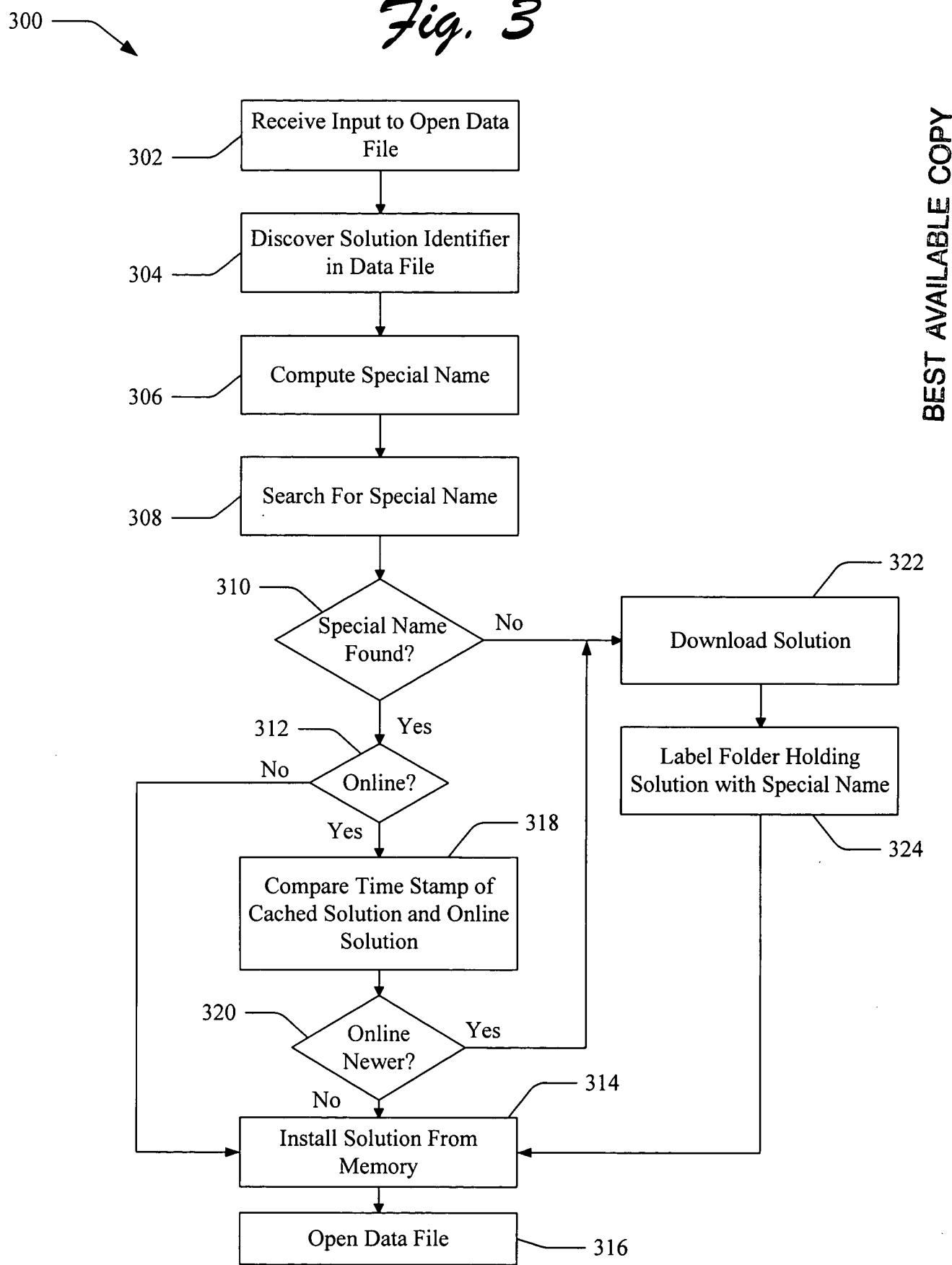


Fig. 4

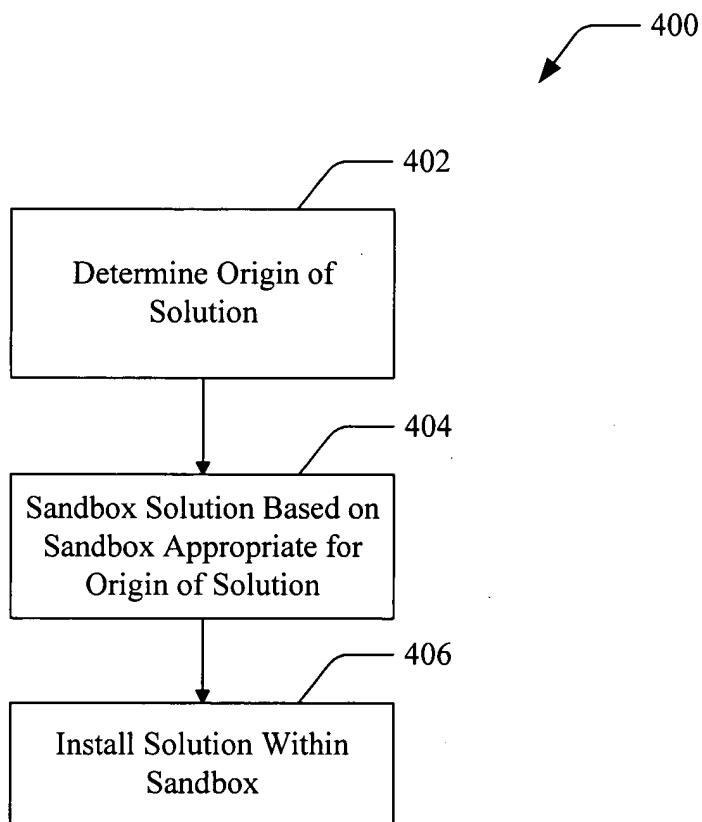


Fig. 5

